## PART B - FEE(S) TRANSMITTAL

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1109 MCKAY E SAN JOSE, CA				_		(Depositor's name)
orn yood, err	J3131					(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/594,488	10/594,488 09/27/2006		Bas Maria Putter	NL040329US1		1331
			INTERFERENCE, A SIG I GENERATED BY THIS		VERTER FOR PERFORMI	<del>-</del>
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440 	\$300	\$0	\$1740	05/08/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
JEAN PIERRE, PEGUY		2819	341-118000			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or typ	pe)		- <u>-</u>
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NO.	data will appear on the part $\Gamma$ a substitute for filing and	atent. If an assignee assignment.	e is identified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
N.	XP B.V	•	EINI	)HOVEN, 1	NETHERLANI	OS
lease check the appropri	ate assignee category or	categories (will not be pri	inted on the patent):	Individual Cor	poration or other private gro	up entity Government
a. The following fee(s) a  lead fee  Publication Fee (N  Advance Order - #	o small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
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Authorized Signature	Joseph 1	yourloh.		Date	15-FEB-201 43.305	08
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